

<b>Case Number:</b>	CM14-0095195		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/13/2008
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	05/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 4/13/2008. Per primary treating physician's progress report dated 4/2/2014, the injured worker complains of left shoulder pain unchanged. Pain is worse with active range of motion. The injured worker is using NSAIDs, and pain level range is 6-8/10. Medications help minimally and cause fatigue. On examination, there are no changes. Range of motion is painful and limited. Diagnosis is left shoulder internal derangement, status post-surgery intervention x2.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Cidaflex (duration and frequency unknown) Retro 04/16/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** Cidaflex contains chondroitin and glucosamine. The MTUS Guidelines recommend glucosamine and chondroitin as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The injured worker is not reported to have arthritis pain, and is awaiting a surgical consultation. There is no rationale provided for this

request. Medical necessity for this request has not been established. The request for Cidaflex (duration and frequency unknown) Retro 04/16/14 is determined to not be medically necessary.